



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU

# PUBLIC SWIMMING POOL CONSTRUCTION PERMIT APPLICATION

This information is required under authority of Part 125 of 1978 PA 368, as amended. Failure to obtain a construction permit is a misdemeanor.

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*If the plans and specifications pertain to more than 1 pool at the same site, complete a separate application for each pool.*

Pool Establishment Name			
Street Address (or nearest cross street)			
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Name:			County
<b>Pool Type</b> <input type="checkbox"/> Swimming <input type="checkbox"/> Wading <input type="checkbox"/> Spa <input type="checkbox"/> Slide <input type="checkbox"/> Other (specify): _____	<b>Location</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination	<b>Pool Kind</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Apartment  <input type="checkbox"/> Camp  <input type="checkbox"/> Campground  <input type="checkbox"/> Condominium  <input type="checkbox"/> Country Club         </div> <div> <input type="checkbox"/> Health Club  <input type="checkbox"/> Mobile Home Park  <input type="checkbox"/> Motel  <input type="checkbox"/> Municipal         </div> <div> <input type="checkbox"/> Racquet Club  <input type="checkbox"/> School  <input type="checkbox"/> YMCA/YWCA  <input type="checkbox"/> Other (specify): _____         </div> </div>	
Owner Name		Phone, Fax or E-mail	
Address		City	State   ZIP Code
Designated Representative			
Designer (i.e., engineer, architect, or other person responsible for the design)		Phone, Fax or E-mail	
Address		City	State   ZIP Code
Pool Contractor		Phone, Fax or E-mail	
Address		City	State   ZIP Code
<b>Proposed Construction</b>		<b>Design Criteria</b>	
<input type="checkbox"/> New Pool <input type="checkbox"/> Modification <input type="checkbox"/> Replacement <input type="checkbox"/> Renovation <input type="checkbox"/> Bathhouse		<input type="checkbox"/> Pool Structure <input type="checkbox"/> Pool Enclosure <input type="checkbox"/> Filtration System (i.e., pump, piping system, filters, chemical feeders, and water heater) <input type="checkbox"/> Other (specify): _____	
		Perimeter _____ ft Area _____ sq ft Volume _____ gal Turnover _____ hrs Flow Rate _____ gpm	
<b>OWNER'S LIMITED USE STATEMENT:</b> (Sign below only for pools <u>without</u> complete bathhouses. Complete bathhouses are required for pools at municipal parks, schools, subdivisions, swim clubs, YMCAs, and YWCAs.)			
I hereby certify that use of this swimming pool will be limited to persons who are residents or registered guests of this establishment and who will be required to shower before entering this pool.			
Signature of Owner:		Date:	
I hereby certify that all information provided in this application is true.			
Signature of Owner:		Date:	
<b>TABLE OF CONSTRUCTION PERMIT FEES</b>			
New pool 500 square feet in area or less	<b>\$596</b>	New pool 2,401 to 4,000 square feet in area	<b>\$1,409</b>
New pool 501 to 1,500 square feet in area	<b>\$759</b>	New pool more than 4,000 square feet in area	<b>\$1,951</b>
New pool 1,501 to 2,400 square feet in area	<b>\$867</b>	Modification of an existing pool	<b>\$298</b>
Pool replacements have the same fee as a new pool. There is no fee to renew or transfer a construction permit.			

Please submit this application, a check for the appropriate amount as listed above made payable to the "STATE OF MICHIGAN," and 3 sets of the plans and specifications to:

COURIER ADDRESS (UPS, FedEx, etc.):  
MDEQ - CASHIER'S OFFICE - WB - SP  
525 WEST ALLEGAN STREET 5 SOUTH  
LANSING MI 48933

MAILING ADDRESS (US Mail ONLY):  
MDEQ - CASHIER'S OFFICE - WB - SP  
PO BOX 30657  
LANSING MI 48909-8157

**CASHIER'S OFFICE: 37000 - 44402 - 9402**

In addition, submit 1 set of plans and specifications to the local health department.

Additional information may be obtained at [www.michigan.gov/deqwb](http://www.michigan.gov/deqwb) or contact the Michigan Department of Environmental Quality at 517-241-1353.

**PLEASE MAKE A COPY FOR YOUR RECORDS**

EQP 1733 (10/2007)